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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/799,941	03/11/2004	1615	1111	5199-134	25	26 23	14

CONFIRMATION NO. 8041

Brown Raysman Millstein Felder & Steiner LLP
 163 Madison Avenue
 P.O. Box 1989
 Morristown, NJ 07962-1989

FILING RECEIPT



OC000000012831644

Date Mailed: 06/01/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Martha G. Welch, Residence Not Provided;
 David Ruggiero, Residence Not Provided;
 Muhammad Anwar, Residence Not Provided;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted: 05/31/2004

Projected Publication Date: To Be Determined - pending completion of Missing Parts

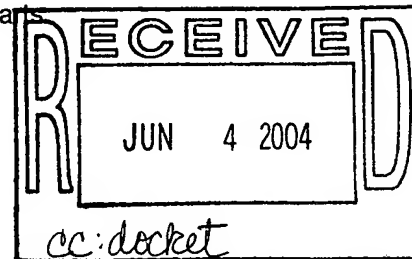
Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Novel multipetide regimen for the treatment of autistic spectrum, behavioral, emotional and visceral inflammation/autoimmune disorders



Preliminary Class

424

**LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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PTO/SB/21 (09-04)
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/799,941	
	Filing Date	March 11, 2004	
	First Named Inventor	Martha G. Welch et al.	
	Art Unit	1615	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	4	Attorney Docket Number	5199-134

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition for Revival <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 1. Request for Corrected Filing Receipt. 2. Copy of original filing receipt. 3. Return postcard.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Brown Raysman Millstein Felder & Steiner LLP		
Signature			
Printed name	Todd A. Holmbo		
Date	January 3, 2005	Reg. No.	42,665

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Diane Filatov	Date	January 3, 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Martha G. Welch et al.
Serial No.: 10/799,941
Filed: March 11, 2004
Title: NOVEL MULTYPEPTIDE REGIMEN FOR THE TREATMENT OF
AUTISTIC SPECTRUM, BEHAVIORAL, EMOTIONAL AND
VISCERAL INFLAMMATION/AUTOIMMUNE DISORDERS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CORRECTED FILING RECEIPT

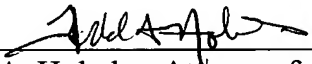
Sir/Madam:

The filing receipt issued for the above-referenced patent application incorrectly lists the total number of claims as 18. The total number of claims should read **23**. A copy of the original filing receipt with the changes noted thereon in red is enclosed.

Applicant requests issuance of a corrected filing receipt.

Respectfully submitted,

January 3, 2005
Date



Todd A. Holmbo, Attorney for Applicant
Reg. No. 42,665

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